

North Carolina State Board of Certified Public Accountant Examiners

1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605

Phone 919-733-4224 • Fax 919-733-4209 • Web www.nccpaboard.gov

CANDIDATE'S ACCOMMODATIONS ELIGIBILITY QUESTIONNAIRE

A candidate with disabilities who requests testing accommodations for the Uniform CPA Examination must complete this form and return it with his or her completed examination application. Current documentation (within the last five years) of the disability from a qualified professional who is licensed or whose credentials are appropriate to diagnose and treat the disability and make recommendations regarding appropriate testing accommodations must be enclosed with the completed examination application. If a candidate received accommodations at the college or university level, the **Documentation of Accommodation History** form should be completed by professional staff in the office of student disability services at the college or university and enclosed with the completed examination application.

I. EXAMINATION CANDIDATE INFORMATION

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: (____) _____

Examination Repeater: ____ Yes ____ No If repeater, date of last examination: _____

I was accommodated on a previous administration: ____ Yes ____ No

II. DISABILITY STATUS (Check all that apply)

____ orthopedic/physical disability ____ hearing impaired

____ specific learning/learning-related disability ____ deaf

____ psychological/psychiatric/behavioral disability ____ visually impaired

____ other health disability/impairment* ____ blind

*specify _____

III. DISABILITY AND TESTING ACCOMMODATIONS HISTORY

1. When was your disability professionally diagnosed?

____ less than 1 year ago ____ 1-2 years ago

____ 3-4 years ago ____ more than 5 years ago

2A. In high school

1. Did you attend a special school, participate in a special education program, or have an Individualized Educational Program (IEP)? ____ Yes ____ No

2. Did you receive special accommodations for testing? ____ Yes ____ No

If yes, please describe _____

2B. Did you receive special testing accommodations for college/graduate school admissions tests (e.g., SAT, ACT, GRE)? ____ Yes ____ No

If yes, identify examination(s) (e.g., SAT) and test date(s): _____

If yes, please describe _____

2C. Did you receive special testing accommodations in college? _____ Yes _____ No

If yes, please describe _____

2D. Did you use special services for students with disabilities during your college education? _____ Yes _____ No
 (If yes, submit the Documentation of Testing Accommodation Form.)

IF YOU RECEIVED TESTING ACCOMMODATIONS DURING COLLEGE, PROFESSIONAL STAFF IN THE STUDENT DISABILITY SERVICES OFFICE OF YOUR COLLEGE OR UNIVERSITY SHOULD COMPLETE THE DOCUMENTATION OF TESTING ACCOMMODATIONS FORM. ENCLOSE IT WITH YOUR EXAMINATION APPLICATION.

IV. ACCOMMODATIONS REQUESTED FOR EXAMINATION (Check all requested)

(The candidate's request for accommodation(s) and the professional's recommendation for accommodation(s) **MUST** be in agreement. The professional is required to complete the Accommodations Request Verification Form in support of the candidate's requested accommodations.)

Architecturally Accessible Site

_____ Wheelchair accessibility _____ Elevator

Formats

_____ Large type (specify pt.) _____
 _____ Recording of answers in test booklet rather than on scannable answer sheet
 _____ Other (specify) _____

Assistance

_____ Reader _____ Sign language interpreter
 _____ Writer/Recorder _____ Separate room and proctor
 _____ Other (specify) _____

Extended Time

_____ Indicate amount of extra time requested: _____

Other accommodations (specify): _____

I, the candidate, certify that all of the information provided on this form is true and correct to the best of my knowledge and belief.

 Signature

 Date

NOTE: THIS FORM MUST BE ENCLOSED WITH YOUR COMPLETED EXAMINATION APPLICATION.